

# Social Security Administration

## Representative Payee Report

Please complete the enclosed Representative Payee Report and return it to us. You must complete this report if you wish to continue to receive Social Security or Supplemental Security Income (SSI) payments for another person. The facts you give us help us determine if you are using the payments properly.

### What You Need To Do

Please read the instructions before you complete the report. Then, complete the report and send it to us using the enclosed envelope within 30 days. If you do not return it promptly, we may stop sending payments to you.

### General Instructions

To help us process your report, please follow these instructions:

1. Use black ink or a #2 pencil.
2. Keep your numbers and "X's" inside the boxes.
3. Try to make your numbers look like these:

0	1	2	3	4	5	6	7	8	9
---	---	---	---	---	---	---	---	---	---

4. Do not use dollar signs.
5. Show money amounts in dollars only. Do not show cents.  
For example, show \$1,540.30 like this:

DOLLAR AMOUNT

1	5	4	0
---	---	---	---

6. Use the REMARKS section on the back of the report to provide additional information as requested.
7. Keep records of how you use the payments you receive, but do not submit receipts or any other records with this report. Maintain these records for two years from the time you complete this report. If we need proof, we will contact you.

### Some Definitions To Help You

**Benefits** - The Social Security or SSI money you receive.

**Payee** - You. The person who receives Social Security or SSI benefits for someone else.

**Beneficiary** - The person for whom you receive Social Security or SSI benefits.

**Legal Guardian** - The person or organization appointed by a court to handle a beneficiary's legal matters.

**Report Period** - The 12-month period shown on the report for which you must account for the benefits you received.

**Total Accountable Amount** - The amount of benefits paid to you during the report period plus any amount you reported as saved on last year's report.

Exhibit B (continued)

HOW TO FILL OUT THE FORM	
<b>QUESTION 1 - Payee Felony Convictions</b>	Place an "X" in the "YES" box if during the report period, you (the payee) were convicted of a crime considered to be a felony, and explain the type of crime under REMARKS. Otherwise, place an "X" in the "NO" box.
<b>QUESTION 2 - Beneficiary Custody Changes</b>	Place an "X" in the "YES" box if the beneficiary continued to live alone, or with the same person, or in the same institution during the entire report period. Place an "X" in the "NO" box if different people or different institutions took care of the beneficiary during any part of the report period. Explain the change and provide the beneficiary's current address under REMARKS.
<b>QUESTION 3 - Accounting For Benefits</b>	The total accountable amount includes the benefits you received during the report period plus any benefits you reported as saved on last year's report.
<b>A. Who Decided How Benefits Were Used?</b>	Place an "X" in the "YES" box if you (the payee) decided how the benefits were to be spent or saved. Place an "X" in the "NO" box if the beneficiary or someone else decided how to use the money, and explain under REMARKS.
<b>B. Food And Housing</b>	Show the total amount of benefits spent for food and housing for the beneficiary during the report period. If the beneficiary lives in an institution or nursing home and you pay monthly charges, multiply the monthly charge by 12 and show this total amount.
<b>C. Personal Items</b>	Show the total amount of benefits spent on clothing, medical/dental care, education, and recreational items like toys, movies, cameras, radios, candy, stationery, grooming aids, etc. during the report period. <b>Note:</b> If the beneficiary lives in an institution or other care facility, you must spend at least \$360 a year for the beneficiary's personal needs. If you spent less than \$360, explain under REMARKS.
<b>D. Unused Benefits</b>	Show the total amount of benefits you had saved for the beneficiary at the end of the report period, including any interest earned. Show zeroes if you did not save any of the benefits.

FORM SSA-623-F6 (10-2000) EF (1-2001) 2

Exhibit B (continued)

**QUESTION 4 -  
Savings Information**

Answer this question if you showed an amount in 3.D.

**A. Type Of  
Account**

Place an "X" in the box which shows how you are saving the benefits. Place an "X" in the "Other" box if your method of saving the benefits is not listed.

**B. Account  
Title**

Place an "X" in the box which most accurately describes the wording of the account title you have on the beneficiary's savings. Place an "X" in the "Other" box if the account title is different or if you have not placed the savings in any type of account. **Note:** A savings or checking account title should always show that the money belongs to the beneficiary, but the beneficiary should not have direct access to the funds. If you are not sure whether the account title is correct, check with your bank.

**QUESTION 5 -  
Other Savings/  
Account Titles**

Answer this question only if you checked "OTHER" in 4.A. or 4.B.

**A. Type Of  
Account**

Indicate whether the saved benefits are in cash, Treasury Bills, or some other investment.

**B. Title Of  
Account**

Show the title of the account if the savings are in an account or other investment. Show "none" if the savings are not in an account or investment.

**6. Payee's  
Signature**

Sign your name in this block. If you sign by mark ("X"), please have two witnesses sign their names and show the date. If the payee is an institution or agency, the form must be signed by an authorized person.

**7. Relationship  
To The  
Beneficiary**

Show your relationship to the beneficiary. Some examples include, "parent, brother, friend, legal guardian." If you represent a bank, institution or agency, show your job title (e.g., caseworker, bookkeeper, administrator, etc.).

## Exhibit B (continued)

### Your Job As A Representative Payee

We appreciate your services as representative payee. As payee, you must use the Social Security and SSI benefits you receive for the care and well-being of the beneficiary. You need to know about the beneficiary's needs so that you can use the money properly.

You must also tell us about any changes which may affect the checks you receive. For example, you should tell us if the beneficiary:

- moves (especially if he/she enters or leaves a hospital or institution),
- marries,
- goes to work,
- is imprisoned,
- dies,
- is adopted, or
- does not need a payee any longer or you are no longer responsible for the beneficiary.

In addition, if you are payee for a child receiving SSI benefits, we may ask you for proof that the child is receiving medical treatment for his/her disabling condition. We may ask for this information at the time we review the child's case. If we do ask for this information, you must give it to us.

### The Privacy Act Statement

We are required by sections 205(j) and 1631(a) of the Social Security Act to ask you to complete this report. The information provided by you on a voluntary basis enables SSA to account for the beneficiary's payments, and ensures that beneficiary needs are being met. If you do not complete and return this report, we may not be able to continue sending the beneficiary's payments to you.

The law sometimes requires us to give out the facts on this form without your consent. The information must be released to another person or government agency if Federal law requires the information for research and audits in order to administer or improve our representative payee program.

We may also use the information you give us when we match records by computer. Matching programs compare our records with those of other Federal, State, or local government agencies. Many agencies may use matching programs to find or prove that a person qualifies for benefits paid by the Federal government. The law allows us to do this even if you do not agree to it.

Explanations about these and other reasons why information you provide us may be used or given out are available in Social Security offices. If you want to learn more about this, contact any Social Security office.

**PAPERWORK REDUCTION ACT:** This information collection meets the clearance requirements of 44 U.S.C. §3507, as amended by Section 2 of the Paperwork Reduction Act of 1995. You are not required to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take you about 15 minutes to read the instructions, gather the necessary facts, and answer the questions.

### If You Have Any Questions

If you have any questions, please call us at 1-800-772-1213. We can answer most questions over the phone. If you prefer to visit one of our offices, please use the 800 number and we will give you the address and telephone number of the office nearest you. Please take this report with you if you visit an office.

Exhibit B (continued)

<b>Representative Payee Report</b>		<small>FORM APPROVED OMB NO. 0960-0068</small>																					
<b>PAYEE'S NAME AND ADDRESS</b>  	<b>REPORT PERIOD</b> FROM: _____ TO: _____ 	<b>SOCIAL SECURITY NUMBER</b> _____																					
<b>BENEFICIARY</b>																							
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">FP</td> <td style="width: 25%;">ID</td> <td style="width: 25%;">PIC</td> <td style="width: 25%;">BIC</td> </tr> <tr> <td style="text-align: center;">D</td> <td style="text-align: center;">TP</td> <td style="text-align: center;">CC</td> <td style="text-align: center;">GS</td> </tr> <tr> <td colspan="2"></td> <td style="text-align: center;">PC</td> <td style="text-align: center;">DOC</td> </tr> <tr> <td colspan="4" style="text-align: center;">MBC</td> </tr> <tr> <td colspan="2" style="text-align: center;">CF</td> <td colspan="2" style="text-align: center;">TAA</td> </tr> </table>				FP	ID	PIC	BIC	D	TP	CC	GS			PC	DOC	MBC				CF		TAA	
FP	ID	PIC	BIC																				
D	TP	CC	GS																				
		PC	DOC																				
MBC																							
CF		TAA																					
<p><b>This report is about the benefits you received for the beneficiary during the report period shown above. Please read the enclosed instructions before completing this form to help you answer each question.</b></p>																							
<b>1.</b>	Were you (the payee) convicted of a crime considered to be a felony during the report period shown above? If YES, please explain in REMARKS on the back of this form.	YES <input type="checkbox"/>	NO <input type="checkbox"/>																				
<b>2.</b>	Did the beneficiary continue to live alone, or with the same person, or in the same institution during the report period shown above? If NO, please explain and provide the beneficiary's current address in REMARKS on the back of this form.	<input type="checkbox"/>	<input type="checkbox"/>																				
<b>3.</b>	<table style="width: 100%;"> <tr> <td style="width: 60%;">Benefits paid to you during the report period</td> <td style="width: 10%; text-align: right;">= \$</td> <td style="width: 30%;"></td> </tr> <tr> <td>Benefits you reported as saved on last year's report</td> <td style="text-align: right;">= \$</td> <td></td> </tr> <tr> <td><b>Total Accountable Amount</b></td> <td style="text-align: right;">= \$</td> <td></td> </tr> </table> <p><b>A.</b> Did you (the payee) decide how the total accountable amount was spent or saved? _____            If NO, please explain in REMARKS on the back of this form.</p> <p><b>B.</b> How much of the total accountable amount did you spend for the beneficiary's food and housing during the report period? _____</p> <p><b>C.</b> How much of the total accountable amount did you spend on other things for the beneficiary such as clothing, education, medical and dental expenses, recreation, or personal items during the report period? _____</p> <p><b>D.</b> How much, if any, of the total accountable amount did you save for the beneficiary as of the last month in the report period? If none, show zeroes. _____</p>			Benefits paid to you during the report period	= \$		Benefits you reported as saved on last year's report	= \$		<b>Total Accountable Amount</b>	= \$												
Benefits paid to you during the report period	= \$																						
Benefits you reported as saved on last year's report	= \$																						
<b>Total Accountable Amount</b>	= \$																						
		YES <input type="checkbox"/>	NO <input type="checkbox"/>																				
		<b>DOLLAR AMOUNT (NO CENTS)</b> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> </tr> </table>																					
		<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> </tr> </table>																					
		<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> </tr> </table>																					
<b>4.</b>	If you showed an amount in 3.D. above, place an "X" in the boxes below to show how you are saving the benefits. If you have more than one account, you may mark more than one box in each section.																						
<b>A. TYPE OF ACCOUNT</b>		<b>B. TITLE OR OWNERSHIP</b>																					
Savings/Checking Account <input type="checkbox"/>	U.S. Savings Bonds <input type="checkbox"/>	Certificates of Deposit <input type="checkbox"/>	Collective Savings/Checking Account <input type="checkbox"/>																				
Other <input type="checkbox"/>		Beneficiary's Name by Your Name <input type="checkbox"/>	Your Name for Beneficiary's Name <input type="checkbox"/>																				
Other <input type="checkbox"/>		Other <input type="checkbox"/>																					
<div style="display: flex; justify-content: space-between;"> <span>FORM SSA-623-F6 (10-2000) EF (1-2001)</span> <span>Continued on the Reverse</span> </div>																							

Exhibit B (continued)

<div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>FOR SSA USE ONLY</b> </div>	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">             FO ASSISTANCE <input type="checkbox"/> </div>	
<p><b>5.A.</b> If you answered "OTHER" in 4.A. on the front page, show the type of account or investment in which the benefits are saved. →</p> <p><b>B.</b> If you answered "OTHER" in 4.B. on the front page, show the title of the account in which the benefits are saved. →</p>	<div style="border: 1px solid black; height: 30px; margin-bottom: 5px;">TYPE OF ACCOUNT</div> <div style="border: 1px solid black; height: 30px;">TITLE OF ACCOUNT</div>
<p><b>REMARKS</b></p> <div style="border: 1px solid black; height: 200px; position: relative;"> <div style="position: absolute; top: 50%; left: 50%; transform: translate(-50%, -50%) rotate(-30deg); opacity: 0.3; font-size: 100px; pointer-events: none;">             SAMPLE           </div> </div>	
<p>I CERTIFY THAT THE INFORMATION I HAVE GIVEN ON THIS FORM IS TRUE. (A PERSON WHO CONCEALS OR FAILS TO TELL SSA ABOUT EVENTS ASKED ABOUT ON THIS FORM WITH THE INTENT TO FRAUDULENTLY RECEIVE BENEFITS MAY BE FINED, IMPRISONED, OR BOTH.)</p>	
<p><b>PAYEE'S SIGNATURE</b> <i>(If signed by mark (X), two witnesses must sign below)</i></p> <p><b>6.</b></p>	<p><b>DATE</b></p> <p><b>8.</b></p>
<p><b>RELATIONSHIP TO BENEFICIARY OR TITLE</b></p> <p><b>7.</b></p>	<p><b>DAYTIME TELEPHONE NUMBER(S)</b> <i>(Include area code)</i></p> <p><b>9.</b> <small>Area Code</small></p>
<p><b>WITNESS SIGNATURES ARE REQUIRED ONLY IF THE PAYEE'S SIGNATURE ABOVE HAS BEEN SIGNED BY MARK (X).</b></p>	
<p>SIGNATURE OF WITNESS</p>	<p>DATE</p>
<p>SIGNATURE OF WITNESS</p>	<p>DATE</p>
<p>FORM SSA-623-F6 (10-2000) EF (1-2001)</p>	